

the selection and use of appropriate psychopharmacologic agents, their indications, contraindications and side effects.

Part IV gives a thumbnail description of some of the major psychiatric entities (depression, schizophrenia, cerebral arteriosclerosis and senile psychosis, the neuroses, alcoholism) and of their treatment. Part V is an appendix which lists psychopharmacologic agents in current use, their usual dosages, their generic and proprietary American, Canadian and English names.

The bias of the authors is clearly in favor of the pharmacologic treatment of psychiatric disorders. Although the indications for psychotherapy and even psychoanalysis are mentioned (briefly) the reader is left with the impression that the treatment of the psychiatric patient is primarily a matter of choosing the right drug and the right dosage and anticipating and controlling side effects. Little is said that would emphasize to the practitioner that much psychiatric illness is primarily an expression of interpersonal dissatisfaction and that psychotherapy, in some form, is the cornerstone of treatment. Another point that many would question is the authors' contention that the general physician should treat the major psychoses, depression and schizophrenia. Undoubtedly he may have to do so in emergencies, but otherwise this does not seem advisable. He can be most useful when dealing with the milder neuroses and situational maladjustments and these are plentiful enough! With the understanding that the book limits itself primarily to the drug treatment of psychiatric disturbances it contains sound information, compactly presented, which the practitioner will find helpful.

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**AN ATLAS OF ANATOMY—By Regions: Upper Limb, Abdomen, Perineum, Pelvis, Lower Limb, Vertebrae, Vertebral Column, Thorax, Head and Neck, Cranial Nerves and Dermatomes—Fifth Edition—J. C. Boileu Grant, M.C., M.B., Ch.B., Hon.D. Sc. (Man.), F.R.C.S. (Edin.), Professor Emeritus of Anatomy in the University of Toronto and Curator of the Anatomy Museum; Visiting Professor of Anatomy in the University of California, Los Angeles. The Williams & Wilkins Co., Mt. Royal and Guilford, Baltimore 2, Maryland, 1962. 665 figures and 19 pages of index to figures, \$19.95.**

One of the main criticisms of the first edition of Grant's Atlas was that it was incomplete, especially when compared with such standard atlases as Spalteholz, Toldt, and Sobotta-McMurrich. This criticism by now has lost much of its validity, because the number of illustrations has increased with each successive edition. Whereas the first edition contained only 277 figures, the fourth contained 634, and the fifth 663.

In the Preface to the Fifth Edition, it is stated that every illustration has been re-engraved, that some have been enlarged, that a few have been reduced, and that seven have been replaced.

The author's adoption of the *Nomina Anatomica* of 1955 necessitated a number of changes in labels and in the legends. However, the newer terminology was not completely adopted. For example, in Figure 313 the cuneiform bones are still labelled as first, second, and third, rather than as medial, intermediate, and lateral, respectively, and in Figure 540 Sternomastoid was not changed to Sternocleidomastoid.

Welcome additions to the Fifth Edition include the citations of the incidence of some of the more common variations and anomalies. Furthermore, the inclusion of a list of references indicates that the author has reviewed the literature and that the illustrations are in keeping with current anatomical concepts.

A student beginning the study of anatomy might be puzzled by certain omissions and disagreements with current textbooks. Although dissections of the perineal region of both sexes are illustrated, none of the figures shows the deep perineal fascia, and the deep perineal pouch is incorrectly labelled. It should be made clear in Figure 194 that it is the Deep, rather than the Superficial, Transversus Perinei which is shown in the illustration. It might be clear from Figure 299 which of the prepatellar bursae is meant, but it is not clear from the label. It is unfortunate that centrum tendineum perinei was not accurately translated as tendinous center of the perineum, rather than as the inappropriate tendon of the perineum.

These criticisms are relatively minor and detract very little from the excellence of this atlas. As in the case of previous editions, the Fifth Edition has the distinct advantage of being arranged on a regional basis. Also, the English terms used in the labels and legends are more easily understood by American and British students than are the Latin terms of official terminologies. This edition of Grant's Atlas will undoubtedly be widely accepted by students of anatomy, by their instructors, and by any one wishing to review this subject.

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**THE ETIOLOGY OF IDIOPATHIC EPILEPSY—Harold Geist, Ph.D., Foreword by Charles Kram, Ph.D., Executive Director Federal Association for Epilepsy. An Exposition—University Book. Exposition Press Inc., 386 Park Avenue South, New York 16, N. Y. 297 pages, \$5.00.**

This book can be roughly divided into four sections, the first being discussion of the history and diagnosis of epilepsy. The second is devoted to psychological testing and a fairly lucid discussion of Freudian principles. The third and most extensive section consists of a discussion of various psychological tests used in the study and the fourth, an appendix, illustrating some case histories and examples of the protocols of several tests used.

The author's style makes reading quite difficult. The major portion of the first half of the book is devoted to quoting excerpts of a variety of research papers. The author's comments and interpretations of the quotes unfortunately suffer from his lack of medical training in the field of neurophysiology. There is a very brief section with some forms of treatment which clearly shows that the author has had little or no clinical experience with such therapy.

It is the author's thesis that "the genesis of unknown (idiopathic) epilepsy is closely bound up, if not identical, with hysteria." Throughout the book he discusses hysterical seizures quite frequently and at times seems to attribute causes of hysterical seizures to true idiopathic epileptic seizures. The primary theory postulated is that a true idiopathic convulsive seizure is of purely psychological origin and is due to "the co-existence of two unacceptable trains of thought, one of which has become unacceptable to the harsh demands of the other." The author postulates that the two unacceptable trains of thought cause such conflict that the patient escapes into a temporary state of unconsciousness and the convulsion which then occurs allows the psychological energy generated to be dispelled. The trains of thought are felt to be primarily of a sexual nature. In an attempt to prove this he uses a small series of patients he apparently has seen over a period of many years, apparently for testing only, and divides them into three categories; "known," "probable," and "unknowns" (as to cause of seizures).

The latter group are the equivalent of the "idiopathic epileptic." Several case summaries of patients placed in each of these groups are given in brief form but, unfortunately, the case histories suggest that the author's classifica-